| 1  | <u> </u>                                       |                    |                |                       |                           |                                       |          |                   | 101052487                    |         |                     |                 |  |  |
|--|--|--------------------|----------------|-----------------------|---------------------------|---------------------------------------|----------|-------------------|------------------------------|---------|---------------------|-----------------|--|--|
| in the same of the |  |                    |                |                       |                           |                                       |          | . 4               | Application or Docket Number |         |                     |                 |  |  |
| PATENT APPLICATION FEE DETERMINATION RECOR   |  |                    |                |                       |                           |                                       | RD       |                   | SUN-P7005-RA                 |         |                     |                 |  |  |
| Effective October 1, 2001  |  |                    |                |                       |                           |                                       |          | L_                | <u> 301</u>                  | 0-1     | 1400                | - K++           |  |  |
| CLAIMS AS FILED - PART I   |  |                    |                |                       |                           |                                       |          |                   | uu,                          | OR      | OTHER<br>SMALL      |                 |  |  |
| TOTAL CLAIMS L/C   |  |                    |                |                       |                           |                                       |          | RATE              | FEE                          | ŭ.      | RATE                | FEE             |  |  |
|  |  |                    | MONRER         |                       | NUMBER EXTRA              |                                       |          | ASIC FEE          | 370.00                       | OR      | BASIC FEE           | 740.00          |  |  |
| 2  |  | 71 C 01 4510       | 45 minus 20=   |                       | • 25                      |                                       | H        | X\$ 9-            |                              |         | X\$18=              | भक              |  |  |
| _  | TAL CHARGEA                                    |                    |                |                       | 3                         |                                       | ┢        | X42a              |                              | OA      |                     |                 |  |  |
|  | ENDENT CL                                      |                    | . 10           | W8 3 =                |                           | <del>-2 -1</del>                      |          |                   |                              | OR      | X84=                | 353             |  |  |
| L  |  | DENT CLAIM P       |                |                       |                           |                                       |          | +140>             |                              | OR      | +280=               |                 |  |  |
| • If the difference in column 1 is less than zero, enter "0" in column 2   |  |                    |                |                       |                           |                                       |          | TOTAL             |                              | OЯ      | TOTAL               | 14%             |  |  |
| CLAIMS AS AMENDED - PART (I  |  |                    |                |                       |                           |                                       |          |                   |                              |         | OTHER               |                 |  |  |
| (Column 1) 10-12-04 (Column 2) (Column 3)  |  |                    |                |                       |                           |                                       |          |                   | ADDI-                        | OR<br>L | SMALL               | ADDI-           |  |  |
| ⋖  |  | REMAINING          |                | NUN                   | BÉR<br>OUSLY              | PRESENT                               |          | RATE              | TIONAL                       |         | RATE                | TIONAL          |  |  |
|  |  | AMENDMENT          |                | PAID                  | FOR                       |                                       | ┞        |                   | FEE                          |         | 10000               | FEE             |  |  |
| ENOMENT  | Total  | · 2/               | Minus          | -                     | <u> </u>                  |                                       | L        | X\$ 9-            |                              | OR      | X\$18=              | =               |  |  |
|  | Independent                                    | • 3                | Minus          | est (                 | 2<br>T CLANA              |                                       | L        | X42=              |                              | OR      | X84=                |                 |  |  |
| PARST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                    |                |                       |                           |                                       |          | +140=             |                              | OR      | +280=               |                 |  |  |
| Than 205   |  |                    |                |                       |                           |                                       |          | TOTAL<br>OIT, FEE |                              | OЯ      | ADDIT, FEE          |                 |  |  |
| 2-28 (Column 1) (Column 2) (Column 3)  |  |                    |                |                       |                           |                                       |          |                   |                              |         |                     |                 |  |  |
|  |  | REMAINS            |                | MA                    | HEST<br>WER               | PRESENT                               | lΓ       | RATE              | ADDI-<br>TIONAL              |         | RATE                | ADDI-<br>TIONAL |  |  |
| Ē  |  | AFTER<br>AMENDMENT |                |                       | FOR                       | EXTRA                                 | ١L       | POLIE             | FEE                          |         | RAIE                | FEE             |  |  |
| Ħ  | Total  | . 21               | Minus          | · 4                   | 45                        | •                                     |          | X\$ 9-            |                              | OR      | X\$18=              |                 |  |  |
| AMENDMENT B  | Independent                                    | • 3                | Minus          | •••                   | 9                         | •                                     |          | X42=              |                              | OR      | X84=                |                 |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                    |                |                       |                           |                                       |          |                   |                              | OR      | +280=               |                 |  |  |
|  |  |                    |                |                       |                           |                                       |          | +140=<br>TOTAL    |                              | OR      | YOTAL               |                 |  |  |
| 01 11.05   |  |                    |                |                       |                           |                                       |          | OT. FEE           |                              | Jon     | ADDIT. FEE          |                 |  |  |
| (Column 1) 4-405 (Column 2) (Column 3) CLARS HECHEST ADDI-   |  |                    |                |                       |                           |                                       |          |                   |                              |         |                     | ADDI-           |  |  |
| 12   |  | REMAINING          |                | PREV                  | ABER .<br>IOUSLY          | PRESENT                               |          | RATE              | TIONAL                       |         | RATE                | TIONAL          |  |  |
| AMENDMENT C  |  | AMENDMENT          | Mous           |                       | POR                       |                                       | -        | <b>V</b>          | FEE                          |         | X\$18*              | FEE             |  |  |
|  | Total  | • 24               | Minus          | -4                    | 5<br>10                   | - /                                   | -        | X\$ 9=            |                              | OR      |                     | H               |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                    |                |                       |                           |                                       | <b>!</b> | XA2=              |                              | OR      | X84=                |                 |  |  |
|  |  |                    |                |                       |                           |                                       |          |                   |                              | OR      | +280=               | ·               |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT.  ***********************************  |  |                    |                |                       |                           |                                       |          |                   |                              | OR      | TOTAL<br>ADDIT. FEE |                 |  |  |
| =  | The "Highest It."                              | amber Previously R | hald For IN TH | 25 SPACE<br>r Indepen | to leas th<br>dent) is th | en 3, enter "3.".<br>e highest frumbi | er foun  |                   | propriate bo                 | x in c  |                     |                 |  |  |
| 1  | 100 Jahran ser                                 | the resident of    |                |                       |                           | -                                     |          |                   |                              |         |                     |                 |  |  |

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